

Student Registration

Instructions:

Please use one form per registrant and **fill out form completely**. Please **TYPE** or **PRINT** clearly. Return your completed form to your Adult Sponsor.

Action Summit Attending (check one):

- ☐ Wichita Falls February 7, 2015
☐ Corpus Christi February 21, 2015
☐ El Paso March 28, 2015
☐ Galveston April 18, 2015

- ☐ Lufkin April 25, 2015
☐ McAllen May 2, 2015
☐ College Station May 23, 2015

School/Organization _____ **Sponsor's Name:** _____

First Name: _____ **Last Name:** _____

Email: _____ **Age:** _____ **Grade:** _____

T-shirt Size: (circle one) S M L XL XXL **Other:** _____ ☐ Male ☐ Female **Birthdate:** _____

Ethnicity (circle one): African-American Asian White Hispanic **Other:** _____

I understand that:

- a. I must stay on site the entire time the summit is in session.
b. I agree to abide by the Summit code of conduct and dress code.
c. I will participate in all summit activities, and
d. I release TxSSC & DSHS to use ideas, photographs and / or film that may be taken throughout the summit.

Signed _____ **Date** _____

Liability and Medical Release Form

Irrevocable Release of All Claims

In consideration for being accepted by the Texas School Safety Center (TxSSC) and Texas State University (TxState) for participation at the FY2015 Say What! Action Summits, we (I) being 21 years or age or older, do for ourselves (myself) (and for and on behalf of my child-participant if said child is not 21 years of age or older) do hereby release, forever discharge and agree to hold harmless TxSSC, TxState and site host and the directors thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in the above named event.

Furthermore, we (I) (and on the behalf of our (my) child-participant if under the age of 21 years) hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and all activities involved there.

Furthermore, authorization and permission is hereby given to TxSSC, TxState and the school/organization named above to furnish any necessary transportation, food and lodging of this participant.

The undersigned further agree to hold harmless and indemnify TxSSC, TxState and the school/organization named above, its directors, employees and agents, for any liability sustained by said organization as the result of negligent, willful or intentional act of said participant, including expenses incurred attendant thereto.

(If the participant has not attained the age of 21 years):

We (I) are the parents(s) or legal guardian(s) of this participant, and hereby grant our (my) permission for him/her to participate fully in said activity, and hereby given our (my) permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatment, and **assume the responsibility of all medical bills**.

Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, we (I) hereby assume all transportation costs.

Two Emergency Contact Persons (at least one must be a parent/guardian):

Name _____ **Phone ()** _____

Name _____ **Phone ()** _____

Medical Insurance? ☐ YES ☐ NO

Insurance Company Name _____

Policy #: _____

Physician Name: _____

Physician Phone: () _____

Will minor be taking any medication? ☐ YES ☐ NO

If YES, please specify: _____

Is minor allergic to any medication? ☐ YES ☐ NO

If YES, please specify: _____

Is minor allergic to any foods? ☐ YES ☐ NO

If YES, please specify: _____

Dietary needs because of a medical condition: _____

Texas School Safety Center / Texas State University
415 North Guadalupe #164, San Marcos, TX 78666-5719
Toll-Free (877) 304-2727 Fax (512) 245-1465

Sponsor Registration

Action Summit Attending (check one):

Summit Location

- ☐ Wichita Falls, TX
- ☐ Corpus Christi, TX
- ☐ El Paso, TX
- ☐ Galveston, TX
- ☐ Lufkin, TX
- ☐ McAllen, TX
- ☐ College Station, TX

Summit Date (Saturday)

February 7, 2015
February 21, 2015
March 28, 2015
April 18, 2015
April 25, 2015
May 2, 2015
May 23, 2015

Registration Deadline

January 28, 2015
February 11, 2015
March 11, 2015
April 8, 2015
April 15, 2015
April 22, 2015
May 13, 2015

Instructions:

Please use one form per registrant and **fill out form completely**. Please **TYPE** or **PRINT** clearly! Adult sponsors are responsible for emailing, faxing or mailing all sponsor registration forms, student registration forms and Group Participant List to TxSSC by the registration deadline. **Groups bringing more than 15 students are encouraged to provide at least 2 Adult Sponsors.**

School or Organization

(This is how your group will be identified at the summit. Should be the same name on your youth registration forms)

Sponsor's First Name _____ MI _____ Last Name _____

***If you have additional Sponsors attending, please make copies of this form for each sponsor to fill out separately.**

Organization Street Address _____

City _____ State _____ Zip _____ County _____

Work Phone () _____ Cell Phone () _____

E-mail address _____

(Confirmation information will be sent via email)

T-Shirt Size: S M L XL XXL Other _____ Male / Female (circle one)

Ethnicity (circle one): African-American Asian White Hispanic Other: _____

Emergency Contact: _____ Phone () _____

As the adult sponsor for my group, I understand that:

- a. I am responsible for these youth while at the summit,
- b. I must stay on site the entire time the summit is in session,
- c. I will enforce the dress code and code of conduct among my students,
- d. I will participate in all summit activities unless otherwise excused by summit staff, and
- e. I release TxSSC and DSHS to use ideas, photographs and / or film that may be taken throughout the summit.

Signed _____ Date _____

**Please return completed registration forms
via email, fax or mail no later than the registration due date to:**

Texas School Safety Center
Texas State University
415 North Guadalupe #164
San Marcos, Texas 78666-5719
Phone: (877) 304-2727
Fax: (512) 245-1465
Email: LN11@txstate.edu

Registration Checklist:

- ___ All Student Registration forms
- ___ All Sponsor Registration forms
- ___ Group Participant List

REGISTRATION POLICY: Sponsors are responsible for returning all required forms to TxSSC by the registration due date. Registration will be confirmed once all forms have been received for your group. Confirmation will be sent to the Adult Sponsor via the email listed on this form.

CANCELLATION POLICY: Sponsors are responsible for notifying TxSSC of ALL cancellations no later than 7 days prior to the summit. ***TxSSC reserves the right to charge participating organizations for cancellations, substitutions, on-site replacements and/ or early departures.***



GROUP PARTICIPANT LIST

School or Organization _____

(This is how your group will be identified at the summit. Should be the same name on all registration forms for your group)

Location of Summit Attending _____

(Please indicate the city of the summit your group will be attending – should coincide with the summit checked on Sponsor Registration Form)

Sponsor Names _____

(Please list the names of all sponsors attending the summit)

***Please print below the names of ALL students you will be accompanying to the summit checked above.**

****Only one Group Participant List must be submitted, even if group has multiple sponsors**

*****Each youth listed below MUST also complete a STUDENT REGISTRATION FORM.**

First Name	Last Name
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____
11. _____	_____
12. _____	_____
13. _____	_____
14. _____	_____
15. _____	_____
16. _____	_____
17. _____	_____
18. _____	_____
19. _____	_____
20. _____	_____

**Please make additional copies of Group Participant list as necessary if student group exceeds 20*